

NOTIFICATION OF DEMOLITION AND RENOVATION

Operator Project #	Postmark	Date Received	Notification #	
I. Type of Notification (O=Original R=Revised C=Canceled) <input type="radio"/>				
II. FACILITY INFORMATION (Identify owner, removal contractor, and other operator)				
OWNER NAME: General Electric Company				
Address: 3135 Easton Turnpike				
City: Fairfield	State: CT	Zip: 06828		
Contact: Laurie Scheuing		Tel: 518.429.4505		
REMOVAL CONTRACTOR: N/A				
Address:				
City:	State:	Zip:		
Contact:		Tel:		
OTHER OPERATOR: Total Wrecking & Environmental, LLC				
Address: PO Box 326				
City: Buffalo	State: NY	Zip: 14231		
Contact: Sean Reed		Tel: 716-692-2002 Ext-2005		
III. TYPE OF OPERATION (D=Demo O= Ordered Demo R=Renovation E=Emer. Renovation) <input type="radio"/>				
IV. IS ASBESTOS PRESENT? (Yes/No) <input type="radio"/>				
V. FACILITY DESCRIPTION (Include building name, number and floor or room number)				
Bldg. Name: South Basin Enclosure				
Address: 1 Sumpter Street				
City: Hudson Falls	State: NY	County: Washington		
Site Location:				
Building Size: 2400/sf	# of Floors: 1	Age in Years: 50		
Present Use: Vacant	Prior Use: Water basin enclosure			
VI. PROCEDURE, INCLUDING ANALYTICAL METHOD, IF APPROPRIATE, USED TO DETECT THE PRESENCE OF ASBESTOS MATERIAL: Asbestos inspection performed by NYSDOL certified asbestos inspector Jeffrey S. Redfield NYS Asbestos Inspector License Number: 08-21531 omn 6/29/2016. No suspect ACM material was identified as being present.				
VII. APPROXIMATE AMOUNT OF ASBESTOS INCLUDING: 1. Regulated ACM to be Removed 2. Category I ACM Not Removed 3. Category II ACM Not Removed	RACM To Be Removed	Nonfriable Asbestos Material Not To Be Removed		Indicate Unit of Measurement Below
		Category I	Category II	
Pipes				Ln Ft: Ln M:
Surface Area				Sq Ft: Sq M:
Vol RACM Off Facility Component				Cu Ft: Cu M:
VIII. SCHEDULED DATES ASBESTOS REMOVAL (MM/DD/YY) Start: 07/14/2016				Complete: 07/28/2016
IX. SCHEDULED DATES DEMO/RENOVATION (MM/DD/YY) Start: 07/14/2016				Complete: 07/28/2016

X. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK, AND METHOD(S) TO BE USED:

Demolition will be performed using a hydraulic excavator and a fire hose equipped with a fog nozzle will be used for dust suppression

XI. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION OR RENOVATION SITE:

Wet methods. A fire hose equipped with a fog nozzle will be utilized for dust suppression.

XII. WASTE TRANSPORTER #1

Name: Tonawanda Tank TRansport Service

Address: 1140 Military Road

City: Tonawanda

State: NY

Zip: 14150

Contact Person: Jonathan

Tel: 716-874-0400

WASTE TRANSPORTER #2

Name:

Address:

City:

State:

Zip:

Contact Person:

Tel:

XIII. WASTE DISPOSAL SITE

Name: Ontario County Landfill

Address: 1879 Rt 5&20

City: Stanley,

State: NY

Zip: 14561

Tel: 585-526-4420

XIV. IF DEMOLITION ORDERED BY A GOVERNMENT AGENCY, PLEASE IDENTIFY THE AGENCY BELOW:

Name:

Title:

Authority:

Date of Order (MM/DD/YY):

Date Ordered to Begin (MM/DD/YY):

XV. FOR EMERGENCY RENOVATIONS:

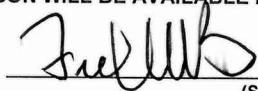
Date and Hour of Emergency (MM/DD/YY):

Description of the sudden unexpected event:

Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden:

XVI. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:

Stop work, wet and cover piles with 6 mil poly, notify Owner, NYSDOL Asbestos Control Bureau, and US EPA for asbestos project.

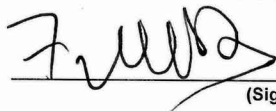
XVII. I CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF THIS REGULATION (40 CFR PART 61, SUBPART M) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATION, AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING NORMAL BUSINESS HOURS.

(Signature of Owner/Operator)

Managing Member

6/30/16

(Date)

XVIII. I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT:

(Signature of Owner/Operator)

Managing Member

6/30/16

(Date)